

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (For use with Form PTO/SB/06)							Application Number <b>10/177,314</b>		Filing Date <b>06-24-2002</b>	
							Applicant(s) <b>Frank Messano</b>			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X						51			
2		X					52			
3		X					53			
4		X					54			
5		X					55			
6		X					56			
7		X					57			
8		X					58			
9		X					59			
10		X					60			
11		X					61			
12		X					62			
13		X					63			
14	X						64			
15		X					65			
16		X					66			
17		X					67			
18		X					68			
19		X					69			
20	X						70			
21		X					71			
22		X					72			
23		X					73			
24							74			
25							75			
26							76			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	20						Total Depend			
Total Claims	23						Total Claims			

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the burden of this form are invited to comment on this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office.